



Missouri Department of Natural Resources
Water Protection Program
P. O. Box 176, Jefferson City, MO 65102-0176

Facilities Plan Submittal Checklist
Clean Water State Revolving Fund

(This form must be submitted with the Facility Plan)

1.0 Applicant Information:			
Applicant Name			
Address	City	State	Zip
Contact Person		Phone ()	
Title		Phone ()	
Consulting Engineer		Phone ()	

2.0 Continuing Authority:	
Authorized Representative	
Title	Phone ()

3.0 Project Information:	
Project Name	
<input type="checkbox"/> SRF Project No.	<input type="checkbox"/> DED/CDBG
<input type="checkbox"/> SG Project No.	<input type="checkbox"/> Other Funding Sources
<input type="checkbox"/> EPA Grant No.	
<input type="checkbox"/> USDA/RD	

4.0 Facilities Plan Information (Check the boxes of the enclosed items.):	
<input type="checkbox"/>	Copy of Draft Effluent Limits review letter provided by the MO DNR Water Protection Program – Permits Section ¹
<input type="checkbox"/>	Appropriate design period used
<input type="checkbox"/>	Hydraulic and organic projected loading
<input type="checkbox"/>	General project design criteria
<input type="checkbox"/>	I/I analysis and evaluation ²
<input type="checkbox"/>	Alternative evaluation with economic analysis
<input type="checkbox"/>	Current and estimated future user charge
<input type="checkbox"/>	Sealed by registered MO professional engineer
<input type="checkbox"/>	Selected WWTF site location

5.0 Clearance Letters:	
<input type="checkbox"/>	Army Corps Of Engineers
<input type="checkbox"/>	DNR Historic Preservation
<input type="checkbox"/>	Department Of Conservation
<input type="checkbox"/>	United States Fish and Wildlife
<input type="checkbox"/>	DGLS (lagoon collapse potential and receiving stream determination)
<input type="checkbox"/>	A-95 Clearing House
<input type="checkbox"/>	Division of State Parks (If infringes on federally funded parks)

Facilities Plan Submittal Checklist

Clean Water State Revolving Fund

6.0 Public Participation in accordance with 10 CSR 20-4.040 (14) and 10 CSR 20-4.050 (2)(B)2.:

- ☐ Facility Plan
- ☐ User Charge
- ☐ Environmental Effects

Review will not be initiated until items 1.0 through 4.0 are submitted. Issuance of an environmental review and final approval of the Facility Plan can not be given until all items have been submitted. Attach a schedule for submittal of any remaining information/documents.

7.0 Signature:

The undersigned official of the applicant ensures that the information contained herein and the attached document are true, correct, and complete to the best of my knowledge and belief.

Preparer's Signature: _____ Date: _____

Title: _____

¹ Use the attached WQRS Request Form to obtain draft effluent limits letter. This WQRS Request Form should only be completed by treatment facilities that are 1) new, 2) expansion and/or modification, 3) non-compliance, or 4) a permit renewal.

² 10 CSR 20-4.040 (9)(B)2. "An I/I analysis which indicates whether the sewer system is affected by excessive I/I must be performed and, if so, an analysis, which determines the cost effective solution to the excessive I/I must be included;"

Revised 2/27/2004